

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025651

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 319

Primary Registration District No.

Registrar's No. 35

FILED JUL 10 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)

STE. GENEVIEVE T.S.

Length of stay in 1b

LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

STE. GENEVIEVE S.R.M.L.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

STE. GENEVIEVE

Inside Limits

Yes ☐ No ☒

c. CITY

OR
TOWNd. STREET
ADDRESS

(If outside, give location)

STE. GENEVIEVE MO S.R.M.L.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

THOMAS FREDERICK SCHMELZLE

4. DATE
OF
DEATH

Month

Day

Year

JULY 2 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12/21/17

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ZELL MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FRANK SCHMELZLE

13b. MOTHER'S MAIDEN NAME

HELEN NAELER

14. NAME OF HUSBAND OR WIFE

BERNICE PALMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

(If yes, give war or dates of serv

WAR II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

2 Mrs. Bernice Schmeltzle Ste. Genevieve Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

FRACTURED SKULL (VERDICT JULY 8)

INTERVAL BETWEEN ONSET AND DEATH

5 MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

BEING STRUCK BY THROWN BASEBALL

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

STRUCK ON BACK OF HEAD BY THROWN BASEBALL

20c. TIME OF INJURY

7:50

Hour

p.m.

Month, Day, Year

7/2/62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

BASEBALL FIELD

20f. CITY, TOWN, OR LOCATION

Zell, Missouri-STE. GENEVIEVE, MO.

COUNTY

STATE

21. I attended the deceased from _____, to _____, and last saw him alive on _____

Death occurred at

7:50

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Les C. Bacher

(Degree or title)

Economi

22b. ADDRESS

Ste. Genevieve Mo

22c. DATE SIGNED

7/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7/5/62

23c. NAME OF CEMETERY OR CREMATORY

ST JOSEPH

23d. LOCATION (City, town, or county)

ZELL

(State)

MO

24. FUNERAL DIRECTOR

Les C. Bacher Ste. Genevieve Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

July 1962

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10951

20950,

3

4 0

5 1

6

7 0

8 2

99104

10 46

11095

1291-3

131-0

SEP 18 1962

JUL 10 1962

SEP 6 1962

JUL 13 1962

APR 2 1963

MAY 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address Ste Genevieve, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.